

104560401

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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44			/			
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.	3		2			
TOTAL DEP.	25	←	31	←	←	↓
TOTAL CLAIMS	28		33			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS			←		←	↓